Name in Full Godfrey

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1898 Month Dec. Day 27 Age Y. 9 M. D. Native of Near Salisbury Occupation School Girl

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

69

Father's Name Jno. L. Godfrey

Mother's Name Mariah E. Farlow

Cause of Death Primary Capillary Bronchitis

Immediate Hemorrhage & bowels

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by Geo. W. Todd

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Georgiana Holbrook

Certificate of Death

Died at Town: Stefanie County: Wicomico MARYLAND

Date 1898 Month 12 Day 24 Age Y. M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living 3

Husband of Wife

Father's Name Mother's Name 146a

Cause of Death: Primary Burned to Death

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Emmitsburg Chronicle 12-80

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Charles Jones

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1898 Month 12th Day 6th Age Y. 33 M. 6 D. 4 Native of Wicomico Co. Occupation Waiter

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of Mary Hester Jones

Father's Name

Mother's Name 22a

Cause of Death Primary Pulmonary tuberculosis, How long sick 8 months

Immediate Septicaemia - 22a Accident, Suicide, Homicide

Reported by J. M. Dick.

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full

Certificate of Death

Joe Malone

Died at Town Whayland County Wicom MARYLAND

Date 1898 Month Dec Day Age Y. 5 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Alexander Malone

Mother's Name Sallie Malone

Cause of Death

Primary Typoid — Menengitis

How long sick 14 days

Immediate Exhaustion /

Accident, Suicide, Homicide

Reported by J D T Long M D

Address Allen Wicom

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969

Name in Full

Certificate of Death

Emory G. Parsons

Died at Town: near Salisbury County: Wicomico MARYLAND

Date 189 8 Month: Dec. Day: 12 Age Y. 35 M. D. Native of: Md. Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living none

Husband ~~Wife~~ of Eva Morris

Father's Name: Adam Parsons Mother's Name: Riley

Cause of Death: Primary: Phthisis 22a How long sick: 60 days

Immediate: Internal Hemorrhage

~~Accident Suicide Homicide~~

Reported by Geo. H. Todd M. D.

Address Salisbury Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Riddish

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1898 Month Dec Day 4 | Age Y. 78 M. 1 D. | Native of Wicomico Co. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

Husband of Sally Anne Dalton

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death: Primary Pneumonia 72 | How long sick 2 weeks

~~Immediate~~

Accident, Suicide, ~~Homicide~~

Reported by F. M. Simmons M.D.

Address Salisbury Md. Dec. 6/1898

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full

Certificate of Death

Mary Keats Robins

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 189 8 Month Dec Day 17th | Age Y. M. D. | Native of Wicomico | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

~~Husband~~ Wife of Henry Parsons

Father's Name

Mother's Name

Cause of Death { Primary Uterine Cancer | Immediate Hemorrhage } 5 5 d.

How long sick 1 year 2 mos.

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by J. M. Fitch.

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Miss Louise Smith

Certificate of Death

Town: Salisbury County: Wicomico

Died at Salisbury MARYLAND

Date 1898 Month: Dec Day: 30 | Age Y.: 20 M.: D.: | Native of: Salisbury | Occupation: Teacher

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Thos. Allen Smith Mother's Name: Alice Smith

Cause of Death: Primary: Pneumonia 9 How long sick: one week

Immediate: following Grippe ~~Accident, Suicide, Homicide~~

Reported by: F. M. Dennis M. D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55668

Name in Full

Certificate of Death

Wm W. Thorington

Town: Salisbury

County: Wicomico

Died at Salisbury Wicomico MARYLAND

Date 189 8 Month 12 Day 5

Age Y. 77 M. — D. —

Native of Md

Occupation —

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband / Wife of

Father's Name Samuel Thorington

Mother's Name Roxana Corcoran

Cause of Death — Primary: Lobar Pneumonia — How long sick

Immediate: Apnoea #72 — Accident, Suicide, Homicide

Reported by Edwin Thorington

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 8

Name in Full | Certificate of Death

Rosa Venables

Town | County

Died at Mardela Sp Nic | MARYLAND

Date 1898 Month Dec. Day 26 | Age Y. 9 M. 7 D. | Native of Md | Occupation

~~Male~~ | White | Married | Widow | Divorced

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 4

Husband of Wife Hisam Venables

Father's Name | Mother's Name

Cause of Death: Primary Old age 141 | How long sick 6 months or more

Immediate | Accident, Suicide, Homicide

Reported by T N Cooper

Address Mardela Sp Nic Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

P. C. I

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Daughter

of Granddaughter

Name in Full | Certificate of Death

Elizabeth Wainwright

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1898 Month: Dec. Day: 4 | Age Y. 86 M. D. | Native of Maryland Occupation None

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Four

Husband / Wife of George W. Wainwright

Father's Name James McClain Mother's Name Hetty McClain

Cause of Death: Primary Old Age I suppose 141 How long sick Dont know

Immediate Dont know Accident, Suicide, Homicide

Reported by Geo. C. Hill Undertaker

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P.C. I 43

Had no Din for last illness.

Name in Full

Certificate of Death

John White

Town: Salisbury

County: Wicomico

Died at Salisbury Wicomico MARYLAND

Date 189 Month 12 Day 28

Age Y 95 M. 4 D. 11

Native of Md

Occupation Merchant

Male / ~~Female~~

~~White~~ / Colored

Married / Single

Widow / ~~Widower~~

Divorced

Number of children living 2

Husband / Wife of Mary A. Disharoon

Father's Name Henry White

Mother's Name Sarah Trader

Cause of Death — Primary: La Grippe 9

How long sick 4 Days

Immediate: Exhaustion.

Accident, Suicide, Homicide

Reported by Edwin Dunstarbrook M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65858